

# Addressing Discrimination and Stigma Through Mental Health Consumer Contact

June 22, 2004



This teleconference is sponsored by the Resource Center to Address Discrimination and Stigma (ADS Center).

The ADS Center is a program of the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS).

The ADS Center helps people design, implement and operate programs that reduce discrimination and stigma associated with mental illnesses.

*The views, opinions, and content of these presentations are those of the presenters and do not necessarily reflect the views, opinions or policies of DHHS, SAMHSA, or CMHS.*



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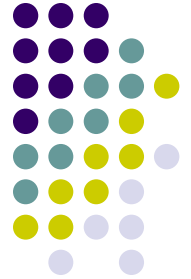
(Moderator for this call is Shannon Flanagan.)



## Speakers

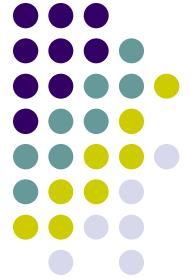
- **Patrick Corrigan, Psy.D.,  
Center for Psychiatric Rehabilitation,  
Evanston Northwestern Healthcare**
- **Carmen Lee, Director, Stamp Out Stigma  
(SOS)**
- **Ramiro Guevara, Director, In Our Own Voice  
(IOOV)**

# Changing Stigma Through Contact



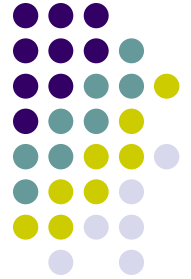
[www.stigmaresearch.org](http://www.stigmaresearch.org)

# Changing Public Stigma



- Education
- Protest
- Contact

# Changing Public Stigma



- Education

Review key myths and facts that counter these myths

# Changing Public Stigma

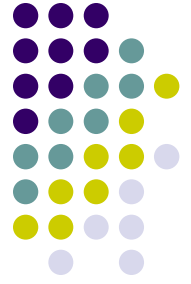


Myth: People with serious mental illness cannot care for themselves, need to be institutionalized.

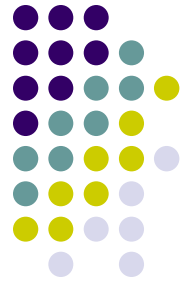
Fact: Long-term follow-up research suggests two-thirds of people with schizophrenia learn to live with their disabilities.



# Changing Public Stigma



- Protest
  - Review stigmatizing images
  - Shame on you for thinking that way
  - Beware the rebound



# Examples of the Rebound

- *Don't think about white bears!*
- *Don't think bad things about Irish Americans!*
- Active NOT attending
- Reactance

# Changing Public Stigma



- Contact

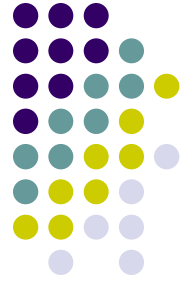
“Meet Bob Lundin”

# Changing Public Stigma



- Bob Lundin's story
  - My name is \_\_\_\_\_ and I have a severe mental illness called schizo-affective disorder.
  - My childhood was not unusual...
  - My mental illness began when I was 25 years old...
  - Unfortunately, my mental illness did not go away quickly...
  - Despite these problems, I have achieved several accomplishments.
  - Despite my accomplishments, I have experienced stigma...

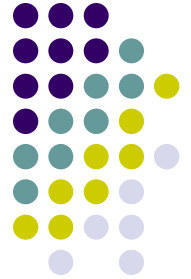
# Changing Public Stigma



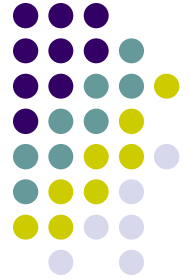
## Bob Lundin's story

### Two take-home points

1. I, like the vast majority of people with mental illness, live, work, and play **JUST LIKE YOU**.
2. So please treat me the same. Do not view me or respond to me based on any unfair stereotypes.



# The research says



# Protest

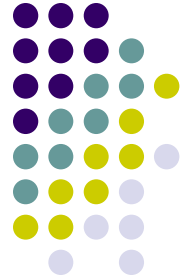
- Attitude rebound
  - Does not decrease stigmatizing views
  - May increase them
- Decrease in behavior
  - Punitive response
- Does not increase behavior

# Consequences



- There are rewards we can give to people who support positive expectations
  - Support affirmative businesses
  - Vote for affirmative legislators
- There are costs to endorsing stigma

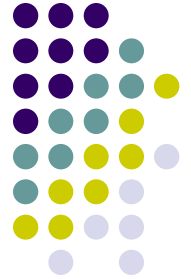




# Education

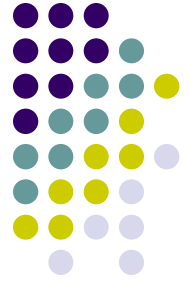
- Some mild improvement in stigmatizing attitudes
- Does not stick over time
- Not clear it spreads to behaviors
- FAIRLY EXPORTABLE

# Contact

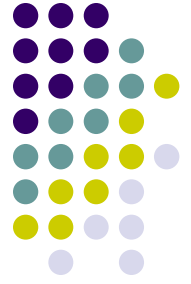


- Improves attitudes
- Improvements seem to stick
- Affects behavior
- Less exportable

# What Kind of Contact Is Best?

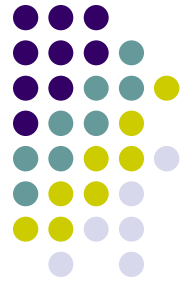


- Famous people
- “Homeless bums”
- Neighbors



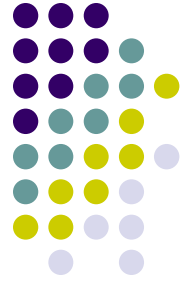
# Contact

- One-time contact  
VS.
- Repeated contact
- Coming out of the closet
  - Concealable stigma
    - Gay people, religion, level of education
  - False positives



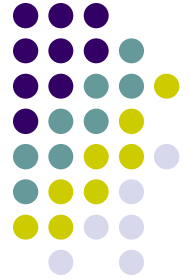
# Contact

- Come out of the closet
- Benefits
  - More power to group
  - More support among peers
  - Relief and self esteem
- Costs
  - Discrimination to self
  - Discrimination to friends/family



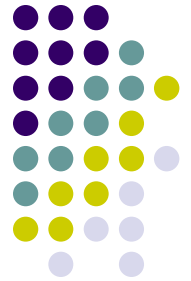
# Qualifying for Contact

- “For real” effect
- What qualifies a person as really “mentally ill”?
  - Symptoms
  - Hospitalization
  - Medication
  - Length of time



# Contact and Children

- Some evidence of adult contact works in schools
- The risk to kids coming out

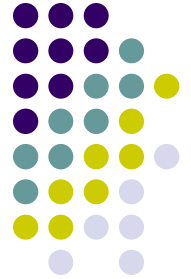


“Let our first act every morning be to make the following resolve for the day: I shall not fear anyone on earth. I shall fear only God. I shall not bear ill will toward anyone. I shall not submit to injustice from anyone. I shall conquer untruth by truth. And in resisting untruth, I shall put up with all suffering.”

Mahatma Gandhi



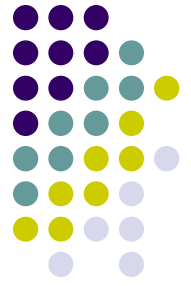
# Stamp Out Stigma



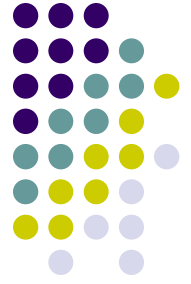
## Self-stigma

1. More informed community
2. Support
3. Self-respect

# Brief History of Stamp Out Stigma (SOS)



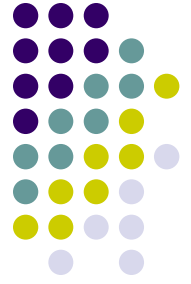
- Its beginning
  - Funding:
    - fiscal agent
    - nonprofit status
    - donations
      - distributing envelopes
  - Fee-for-service
  - Fund-raisers
  - Grants



# Building a Portfolio

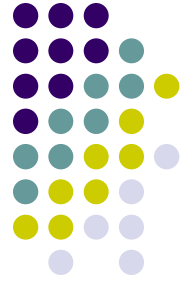
- Letterhead
- Letters of commendation
- Community-building
- Record-keeping

# Developing Panelists



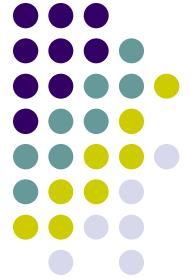
- Finding
- Screening
- Public speaking techniques
- Format
- Focus
- Diversity

# Developing Audiences



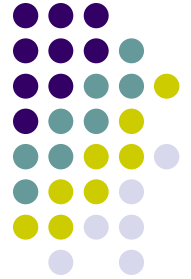
- Letterhead
- Letters from contacts
- Brochures
- Community relations
  - Building partnerships
  - Media
  - Newspapers

# Facilitating



- Flow of presentation
- Time allowance
- Organization
- Passing out evaluations and myths
- Handling emergencies

# Transportation



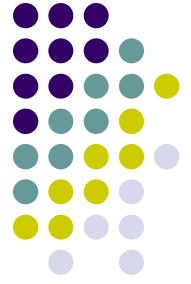
- Options
  - Motor pools
  - Mileage
  - Contacting local government

# Impact on Audiences and Panelists



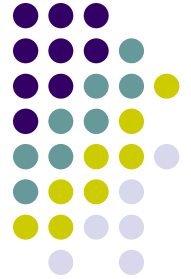
- Evaluative process
  - Informal and formal
  - Specific audiences
  - Tailoring presentation
  - Public speaking
  - Self-respect
  - Feedback





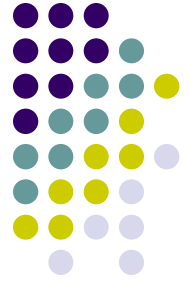
# Lessons Learned

- Key people
- Board development
- Community building
- Grant contacts
- Using outside volunteers
- Prevailing stigma

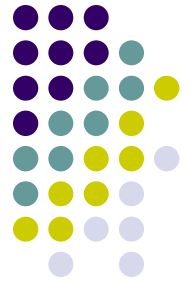


# NAMI's In Our Own Voice: Living With Mental Illness

# In Our Own Voice (IOOV): Living With Mental Illness

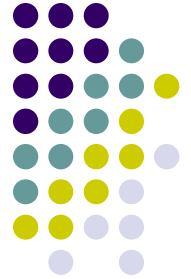


- Description of program
- Who benefits?
- Program components
- Challenges and barriers
- Strategies for success
- Program accomplishments
- Future plans for IOOV



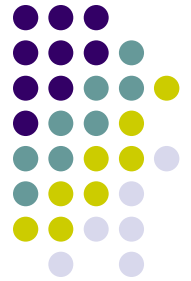
# Description

- NAMI's In Our Own Voice: Living with Mental Illness is a unique recovery multimedia education presentation that offers insight into the hope and recovery now possible for people living with mental health issues



# Who Benefits?

- Persons living with mental health issues
  - Community
  - Advocacy Movement
- 
- IT'S A WIN /WIN SITUATION FOR EVERYONE!!!



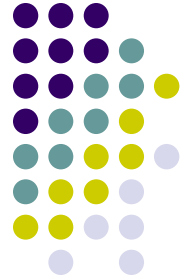
# Program Components

- (Training): Two-day training for up to 16 attendees (done at both a state and local level through NAMI affiliates)
- (Training): Attendees are certified by a National Trainer
- (Presentation): Presentation consists of a video with IOOV format

# Program Components Continued



- (Presentation): IOOV pamphlet handed out to audience
- (Presentation): IOOV audience response form filled out by each attendee and sent back to National Office.



# Challenges and Barriers

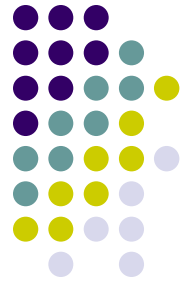
- Communication
- Fidelity to National Program Model
- Data collection and reporting



# Challenges and Barriers cont'd



- Funding
- Training
- Specific outreach to diverse communities

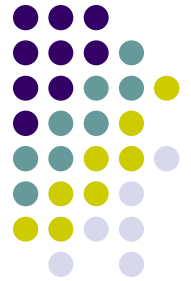


# Strategies for Success

- Provide technical assistance
  - Business plans
  - Budget issues
  - Screening process
  - Single Point of Responsibility (SPR)
  - Communication between National Office and field to monitor fidelity of program
- Collecting data
  - Collecting data to measure audience response and numbers reached

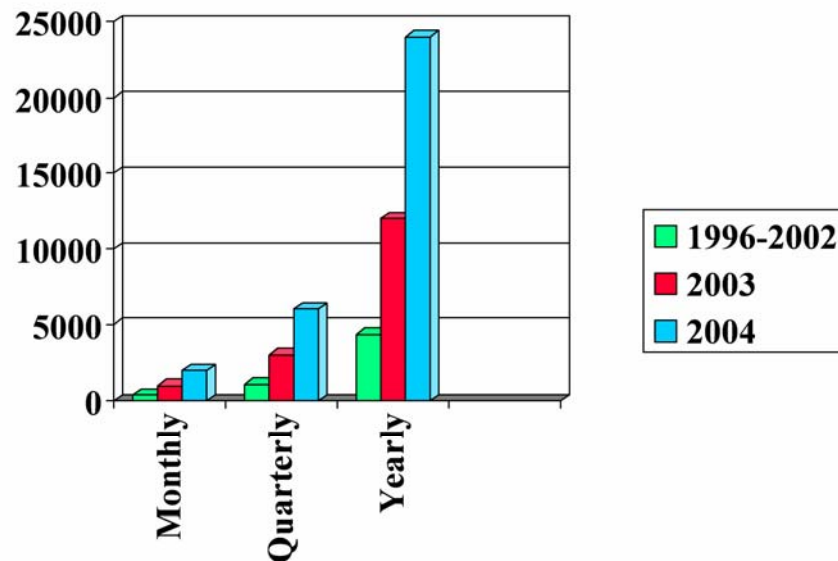
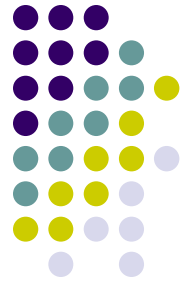
# Program Accomplishments

## Current Status

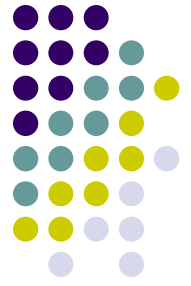


- In last year program has grown from 19 states to 31 and counting!
- Audience members reached per year
  - From 1996-2002: 4,320 per year
  - 2003: 12,000 in one year
  - 2004: 6,000 from January until March
  - If current growth is continued, IOOV will reach 24,000 audience members by the end of the year (see graph)! We have reached over 52,000 since program inception!

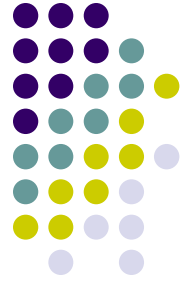
# IOOV Audience Members Reached



- 1996-2002 averaged 360 monthly, 1,080 quarterly, which equals 4,320 yearly
- 2003 1,000 per month, 3,000 per quarter and 12,000 for the year
- 2004 Quarter 1 reached 2,000 per month and 6,000 first quarter with a projection of 24,000 by end of 2004 !



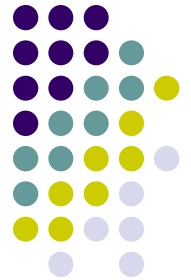
- Several universities are currently expressing interest in collaborating efforts and doing evidence-based research
- Federal Bureau of Investigations (FBI) having preliminary discussions
  - How they can use IOOV through their offices around the country
  - Development of IOOV curriculum for law enforcement



# Future Plans for IOOV

- Develop culturally competent tracks
  - Diverse communities
  - Sub-cultural (e.g., Youth, Older Adults, Veterans, LBGT [Lesbian, Bisexual, Gay, Transgender])
  - Law Enforcement
- Expand program throughout the United States

## QUESTIONS?



*At the end of the speaker presentations you will be able to ask questions. You may submit your question by pressing 01 on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the conference operator announce your name, you may proceed with your question.*



The following speakers can be contacted directly for more information:

- **Patrick Corrigan, Psy.D.**, p-corrigan@uchicago.edu
- **Carmen Lee**, carmensos@aol.com
- **Ramiro Guevara**, ramiro@nami.org

[www.adscenter.org](http://www.adscenter.org)





Thank you very much for participating in the ADS Center teleconference “Addressing Stigma and Discrimination Through Mental Health Consumer Contact.”

Your feedback is vital to us. Please follow the link below to complete a short, anonymous survey about the call. If you would help us by forwarding this message to anyone that participated in the call with you, we would appreciate their comments as well. Please call 1-800-540-0320 if you have any difficulties filling out the survey online. Thank you for your feedback and cooperation.

[www.surveymonkey.com/s.asp?u=87452525649](http://www.surveymonkey.com/s.asp?u=87452525649)

The Resource Center to Address Discrimination and Stigma (ADS Center) is a project of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.